

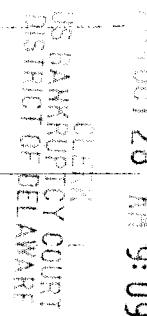
By Request For Assistance and Consideration

Date, 9-24-14

U.S. Bankruptcy Court - Clerk

District of Delaware

824 Market St., 6<sup>th</sup> floor (Room 6)  
Wilmington, Delaware (19801)



Re: ("Debtors")

Case Name: W.R. Grace & Co. (et al) Ch. - 11  
Case No.: 01-01139 Jointly adm. (Hon. JKF)

Subj:

Creditor: Burrell Johnson, Jr.  
(Addressee) 2615 Fernwood Avenue  
Dallas, Texas (75216)

Dear Hon. Clerk,

Hello. I would like to ask (By Request) for the (Status) of the above-named (Pending) Creditors Case:

Any Assistance and Consideration Taken In This Matter, Will Be Deeply Appreciated.

By U.S. War-Veteran, Burrell Johnson, Jr.

for Mr. Luke Quell  
(10-20-2014)

**W.R. GRACE & CO.**  
**ASBESTOS PROPERTY DAMAGE**  
**PROOF OF CLAIM FORM**

Claim No.: 1016186

Burrell Johnson, JR.

*The United States Bankruptcy Court for the District of Delaware  
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)  
(Jointly Administered)*

**SUBMIT COMPLETED CLAIMS TO:**

Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
PO Box 1620  
Faribault, MN 55021-1620

If you have any questions concerning the Debtor(s) in this case, please see "The Debtor(s)" section of the "Asbestos Property Damage Proof of Claim Forms." The Debtor(s) in this case are referred to in this document as "Grace."

If you have any questions concerning your property damage allegedly resulting from asbestos exposure, please contact the Debtor(s). THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MAY 1, 2015. Failure to do so will result in your claim being rejected from asserting or receiving payment for your claim.

NAME:

BURRELL JOHNSON JR

Name of individual claimant (first, middle and last name) or business claimant

SOCIAL SECURITY NUMBER (Individual Claimants): F.E.I.N. (Business Claimants)

7451

 -    

(last four digits of SSN)

Other names by which claiming party has been known (such as maiden name or married name):

First

MI

Last

First

MI

Last

GENDER:  MALE  FEMALE

Mailing Address:

P O BOX 4500 MICHAEL UNIT

Street Address

TENNESSEE COLONY

City

TX

75886

State

Zip Code

ANDERSON COUNTY

Country

(Province) (Postal Code)

**PART 2: ATTORNEY INFORMATION**

The claiming party's attorney, if any (You do not need an attorney to file this form):

Law Firm Name:

Name of Attorney:

First

MI

Last

Mailing Address:

Street Address

City

State

Zip Code

Telephone:

  -   

(Province) (Postal Code)

Area Code



REC'D OCT 28 2002

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1016186

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE  
 Energy Future Holdings Corp. Claims Processing Center  
 c/o Epiq Bankruptcy Solutions, LLC  
 Grand Central Station, P.O. Box 4613  
 New York, NY 10163-4613

**PROOF OF CLAIM****COURT USE ONLY**

Name of Debtor:

*W.R. Grace & Co. (et-al)* Case Number: 01-01139

**NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.**

Name and address where notices should be sent:



BAR(23) MAIL ID \*\*\* 000083859141 \*\*\*  
 EFH POC 05-15-2014 (CREDITOR,CREDNUM) 1001209053  
 BERRELL JOHNSON  
 2615 FERNWOOD AVE  
 DALLAS TX 75216-3142

Telephone number: Email:

*469-279-3833*

Name and address where payment should be sent (if different from above):

Telephone number: Email:

Check this box if this claim amends a previously filed claim.

Court Claim Number:

(If known) 2237 / 2238  
 Filed on: (2002)

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

**COURT USE ONLY**

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Wages, salaries or commissions (up to \$12,475), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5).
- Up to \$2,775 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

Amount entitled to priority:

*\$ 2,775*

## 1. Amount of Claim as of Date Case Filed: \$ \_\_\_\_\_

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

If all or part of the claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete item 6.

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest charges.

2. Basis for Claim: \_\_\_\_\_  
 (See instruction #2)

## 3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_

3a. Debtor may have scheduled account as: CUSTOMER NO. 13754310  
 (See instruction #3a)

## 4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case was filed, included in secured claim, if any: \$ \_\_\_\_\_

## Nature of property or right of setoff:

Real Estate     Motor Vehicle     Other

Basis for perfection: \_\_\_\_\_

## Describe: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

## Value of Property: \$ \_\_\_\_\_

Amount Unsecured: \$ \_\_\_\_\_

Annual Interest Rate %  Fixed or  Variable  
 (when case was filed)

## 6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ \_\_\_\_\_

(See instruction #6)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8 and definition of "redacted".)  
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

## 9. Signature: (See instruction #9) Check the appropriate box:

I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)  I am a guarantor, surety, indorser, or other codebtor.  
 (Attached a copy of power of attorney, if any.)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: *Burrell Johnson, Jr.*  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

(Signature)

(Date) *(9-24-14)*Address, telephone number, and email  
 (if different from notice address above): \_\_\_\_\_

Telephone number: *469-279-3833*  
 Email: \_\_\_\_\_